



POST OPERATIVE CARE

Instructions for Post Arthrodesis

Your dog has had arthrodesis surgery to fuse a joint. This is usually performed as a salvage procedure to salvage limb function and to get rid of pain associated with a chronically painful joint that has failed other medical/surgical treatments.

The aims of arthrodesis are:

1. To achieve full bony fusion and eliminate movement at the arthrodesed joint.
2. To fuse the joint at a functional angle to allow the best use of the leg with the fused joint.
3. To relieve pain.

Arthrodesis is usually achieved by removing all traces of cartilage from the affected joint surface. Bone graft is then placed into the joint spaces to stimulate bony fusion. An internal metal plate and screws are used to hold the joint in the correct position whilst the fusion process takes place.



Xray of a joint that that has undergone arthrodesis

The main complications associated with this procedure are:

1. Infection
2. Metal or bone fracture
3. Failure of fusion
4. Poor wound healing

The following guidelines aim to reduce post operative complications to the absolute minimum. Paying strict attention to these guidelines will ensure your dog gets the best surgical outcome possible.

1. Infection: We have taken exceptional care at surgery to limit the exposure of the wound to environmental bacteria. This care needs to be continued for the first 2 weeks after surgery to reduce contamination of the wound. This means taking care to prevent your dog licking the surgical site. A buster collar will be provided. A padded support dressing will be placed where possible to cover the wound until suture removal, this will usually require changing after 5 days. Your dog will also be prescribed 7 days of antibiotic tablets, it is important that this course of tablets is completed and no doses are missed.



2. Metal or Bone Fracture: This will only occur if excessive force is placed on the plate or bone in the first 6 weeks after surgery. The surgery works very quickly, and your dog will feel less pain within a week of the procedure being carried out. This means he or she might want to start running around on their new leg earlier than is safe to do so. It is exceptionally important that the exercise program below be followed carefully to prevent this potentially very serious complication from occurring.

3. Failure of fusion: This can occur in a small proportion of cases and will sometimes require repeat bone grafting and additional surgical intervention. This complication can be reduced by ensuring the wound doesn't become infected and not allowing excessive activity in the first 6-8 weeks post surgery.

4. Poor wound healing: In some cases, the arthrodesed joint is only covered by a thin layer of skin. This means there is only a very thin barrier between the metal plate and the external environment. It is essential that in these cases, dogs do not interfere with the wound in the early healing phase as this can lead to serious problems of delayed wound healing and additional surgery to repair the damage.

Exercise Program Post Surgery:

0-14 days: Exercise on a lead in the garden only for toilet purposes. Confinement to a cage or small room with nonslip floor at all other times. During this time, a reduction in food intake may be required to prevent weight gain. Stairs are out of bounds and running and jumping strictly prohibited.

2-8 weeks post surgery: Start with 10–15-minute lead walks two or three times a day. Encourage weight bearing by walking slowly to begin with. Increase the time on the lead by 5 minutes per walk per week. Hydrotherapy (if appropriate) can start at 4 weeks post surgery. Carpeted stairs can be attempted 6 weeks post surgery. Slippery floors must be avoided for 6 weeks post surgery.

8-12 weeks post surgery: Long lead walks with some time on a flexible/extendible lead. Xray's are taken at 12 weeks post surgery to assess the fusion process and further recommendations on appropriate exercise are made after seeing those x-rays.

Contact your vet if any of the following occur:

1. Sudden deterioration in limping and or pain.
2. Wound interference/infection
3. Excessive swelling/heat or discharge from the operation site.